

Federal / State Aid Claim Form Routing Sheet

Date 8/5/16

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 72,189.00
One Claim per Rt Sheet
- Valid Revenue Acct in Box 5 Org Set A.02.1165.000 Acct# 43030.01
- Signed by Jennifer Collins or Kyle Andrews Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax, on-line)
- State\Fed Agency name submitted to: Division of Criminal Justice Services
- Period Expenses incurred (not program period) 4/1/16-3/31/17

Below for Accounting Use Only

- Sent to Grant Accountant -Joanne Klemer Date _____
- Accrual Posted in Misc Billing JE # _____ Date # _____
- ACH Received ACH/Ck # _____ Date # _____
- Misc Billing Adjmts JE # _____ Date # _____
- Cash Receipt JE Posted CR # _____ Date # _____
JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.



**Division of Criminal
Justice Services**

ANDREW M. CUOMO
Governor

MICHAEL C. GREEN
Executive Deputy Commissioner

July 26, 2016

The Honorable Keith McNall
Chairman of the County
Legislature Niagara County
175 Hawley Street
Lockport, NY 14094

Re: District Attorney Salary Aid Program Awards

Dear Chairman McNall:

I am pleased to advise you that Niagara County will receive \$72,189 under the District Attorney Salary Aid Program for State Fiscal Year (SFY) 2016-17. Your 2016-17 program award is unchanged from the amount awarded in 2015-16, consistent with the appropriation amounts enacted for this purpose in the state budget. This funding assistance is being provided to help offset salary costs that your county has and will incur for the period April 1, 2016 through March 31, 2017.

To streamline processing and facilitate timely distribution of funds, DCJS' Office of Financial Services will initiate payments directly to your county during the month of September. Should you have any questions regarding the DA Salary Aid Program, please contact Holly Stefaniak, DCJS Finance Office at (518) 485-0916 or Holly.Stefaniak@dcjs.ny.gov.

We are pleased to provide funding assistance to your county and look forward to working with your office throughout this year.

Very truly yours,


Michael C. Green
Executive Deputy Commissioner

cc: Theodore Brenner, Niagara County Deputy District Attorney

Federal / State Aid Claim Form Routing Sheet

Date 6/19/15

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

Claim form Completed

Amount \$ 72,189.00
One Claim per Rt Sheet

Valid Revenue Acct in Box 5

Org Set A.02.1165.000 Acct# 43030.01

Signed by Jennifer Kobrin or Kyle Andrews

Date _____

Copy to Treasurers Accounting office

Submitted to State / Fed

Date _____ (circle one: by mail, phone, fax, on-line)

State\Fed Agency name submitted to:

Division of Criminal Justice Services

Period Expenses incurred (not program period) 4/1/15-3/31/16

Below for Accounting Use Only

Sent to Grant Accountant -Joanne Klemer

Date _____

Accrual Posted in Misc Billing

JE # _____ Date # _____

ACH Received

ACH/Ck # _____ Date # _____

Misc Billing Adjmts

JE # _____ Date # _____

Cash Receipt JE Posted

CR # _____ Date # _____

JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We do not send a copy to depts.

Dona Chase - DA Salary 2015

From: "Thalho, Hina (DCJS)" <Hina.Thalho@dcjs.ny.gov>
To: "lmoser@lewiscountyny.org" <lmoser@lewiscountyny.org>, "Michael.Violante...
Date: 6/19/2015 9:15 AM
Subject: DA Salary 2015
CC: "Layden, James (DCJS)" <James.Layden@dcjs.ny.gov>

Good Morning,

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2015 through March 31, 2016.

Based on the 2015-16 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$72189. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of September. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

Thanks,
Hina M Thalho
Student Intern

New York State Division of Criminal Justice Services
80 South Swan St., Albany, NY 12210
Phone: (518) 485-7949 | Hina.Thalho@dcjs.ny.gov

Federal / State Aid Claim Form Routing Sheet

Date 6/11/14

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

Claim form Completed Amount \$ 72,189.00
One Claim per Rt Sheet

Valid Revenue Acct in Box 5 Org Set A.02.1165.000 Acct# 43030.01

Signed by Jennifer Collins or Kyle Andrews Date _____

Copy to Treasurers Accounting office

Submitted to State / Fed Date _____ (circle one: by mail, phone, fax, on-line)

State/Fed Agency name submitted to: Division of Criminal Justice Services

Period Expenses incurred (not program period) 4/1/14-3/31/15

Below for Accounting Use Only

Sent to Grant Accountant -Joanne Klemer Date _____

Accrual Posted in Misc Billing JE # _____ Date # _____

ACH Received ACH/Ck # _____ Date # _____

Misc Billing Adjmts JE # _____ Date # _____

Cash Receipt JE Posted CR # _____ Date # _____
JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

Dona Chase - Fwd: DA Salary Aid Program

From: Michael Violante
To: Chase, Dona
Date: 6/4/2014 3:14 PM
Subject: Fwd: DA Salary Aid Program

>>> "Marchese, Cassandra (DCJS)" <Cassandra.Marchese@dcjs.ny.gov> 6/4/2014 11:10 AM >>>
Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2014 through March 31, 2015.

Based on the 2014-15 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$72,189. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of September. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

Cassandra Marchese
Student Intern-Financial Grants Unit
NYS Division of Criminal Justice Services
(518) 457-7388
Cassandra.Marchese@dcjs.ny.gov

Federal / State Aid Claim Form Routing Sheet

5/28/2013

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 66,089.00
One Claim per Rt Sheet
- Valid Revenue Acct in Box 5 Org Set A.02.1165.000 Acct# 43030.01
- Signed by Jennifer Collins or Kyle Andrews Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax, on-line)
- State\Fed Agency name submitted to: DCJS
- Period Expenses incurred (not program period) 4/1/13-3/31/14

Below for Accounting Use Only

- Sent to Grant Accountant -Joanne Klemer. Date _____
- Accrual Posted in Misc Billing JE # _____ Date # _____
- ACH Received ACH/Ck # _____ Date # _____
- Any Adjustment posted in Misc Billing Adjmts JE # _____ Date # _____
- Cash Receipt JE Posted CR # _____ Date # _____
JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

Dona Chase - Fwd: RE: DA Salary 2013-14

From: Michael Violante
To: Chase, Dona
Date: 5/23/2013 3:32 PM
Subject: Fwd: RE: DA Salary 2013-14

>>> "Layden, James (DCJS)" <James.Layden@dcjs.ny.gov> 5/23/2013 3:29 PM >>>

Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2013 through March 31, 2014.

Based on the 2013-14 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$66,089. To streamline the processing and facilitate timely distribution of monies, the Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

James Layden
NYS Division of Criminal Justice Services
80 South Swan Street
Albany, NY 12210
(518) 485-7974
james.layden@dcjs.ny.gov

43030.01

Dona Chase - Fwd: DA Salary 2012-13

From: Dona Chase
To: Evans, Mary
Date: 6/1/2012 8:53 AM
Subject: Fwd: DA Salary 2012-13
CC: Chase, Dona

Mary,
It appears by this email that the DA Salary Aid in the amount of \$59,989 will be deposited directly during the month of June without us having to submit a claim. The revenue line is A.02.1165.000.43030.01. Do you need anything else from me?

>>> Michael Violante 5/31/2012 2:35 PM >>>

>>> "Layden, James (DCJS)" <James.Layden@dcjs.ny.gov> 5/31/2012 11:42 AM >>>
Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2012 through March 31, 2013.

Based on the 2012-13 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$59,989. This amount includes 100% funding of the difference between the minimum salary for a full-time District Attorney prior to April 1, 2012 and the minimum salary on or after April 1, 2012. To streamline the processing and facilitate timely distribution of monies, counties will no longer have to submit a state aid voucher to claim their DA Salary Aid payment. The Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

James Layden
NYS Division of Criminal Justice Services
4 Tower Place
Albany, NY 12203
(518) 485-7974
james.layden@dcjs.ny.gov

Dona Chase - Fwd: DA Salary 2012-13

From: Michael Violante
To: Chase, Dona
Date: 5/31/2012 2:35 PM
Subject: Fwd: DA Salary 2012-13

>>> "Layden, James (DCJS)" <James.Layden@dcjs.ny.gov> 5/31/2012 11:42 AM >>>
Executive Deputy Commissioner Michael C. Green is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid Program and that the funds available for this year's program have increased due to an increase in the State's appropriation. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2012 through March 31, 2013.

Based on the 2012-13 Enacted Budget appropriation for this program, your county is entitled to an allocation in the amount of \$59,989. This amount includes 100% funding of the difference between the minimum salary for a full-time District Attorney prior to April 1, 2012 and the minimum salary on or after April 1, 2012. To streamline the processing and facilitate timely distribution of monies, counties will no longer have to submit a state aid voucher to claim their DA Salary Aid payment. The Division's Office of Financial Services will initiate payments to the Counties during the month of June. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

James Layden
NYS Division of Criminal Justice Services
4 Tower Place
Albany, NY 12203
(518) 485-7974
james.layden@dcjs.ny.gov



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MICHAEL J. VIOLANTE
District Attorney

HOLLY E. SLOMA
DOREEN M. HOFFMANN
THEODORE A. BRENNER
Deputy District Attorneys

Assistant District Attorneys

John W. Andrews
Lisa M. Baehre
Laura T. Bittner
Thomas H. Brandt
Claudette S. Caldwell
Heather A. DeCastro
Elizabeth R. Donatello
James P. Hewitt III
David A. Hoffmann
Robert F. LaDuca, Jr.
Cheryl L. Nichols
Ryan K. Parisi
Charles F. Pitarresi
Theresa L. Prezioso
Joseph A. Scalzo
Henry W. Schmidt
Brian D. Seaman
Maria H. Stoelting
Peter M. Wydysh
Robert A. Zucco

August 25, 2011

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
4 Tower Place
Albany, NY 12203-3702

Dear Sir or Madam:

Enclosed please find an original and two copies of the State Aid Voucher for funding under the District Attorney Salary Aid program pursuant to Section 700 of the County Law, for the period of April 1, 2011 through March 31, 2012 in the amount of \$39,489.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Chase
Administrative Assistant

/dlc
Enc (3)

Dona Chase - Fwd: DA Salary for 2011-12

From: Michael Violante
To: Chase, Dona
Date: 8/22/2011 11:19 AM
Subject: Fwd: DA Salary for 2011-12

>>> "Taber, Debra (DCJS)" <Debra.Taber@dcjs.state.ny.us> 8/22/2011 10:14 AM >>>

Acting Commissioner Sean Byrne is pleased to inform you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid program. As you know, the aid we provide through this program is based on a State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur for the period covering April 1, 2011 through March 31, 2012.

Based on the 2011-12 Enacted Budget appropriation for this program, your county is entitled an allocation in the amount of \$39,489. Grantees should submit a voucher for this amount to the following address: NYS Division of Criminal Justice Services, Office of Financial Services - 10th Floor, Albany, New York 12203. If you have not already done so, please submit a voucher for the entire amount due for the 2011-12 fiscal year. If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974. Thank you.

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

Federal / State Aid Claim Form Routing Sheet

Date 8/24/11

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 39,489.00
One Claim per Rt Sheet
- Valid Revenue Acct in Box 5 Org Set A.02.1165.000 Acct# 43030.01
- Signed by Jennifer Collins or Kyle Andrews Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax, on-line)
- State\Fed Agency name submitted to: DCJS
- Period Expenses incurred (not program period) 4/1/11-3/31/12

Below for Accounting Use Only

- Sent to Grant Accountant -Joanne Klemer Date _____
- Accrual Posted in Misc Billing JE # _____ Date # _____
- ACH Received ACH/Ck # _____ Date # _____
- Any Adjustment posted in Misc Billing Adjmts JE # _____ Date # _____
- Cash Receipt JE Posted CR # _____ Date # _____
JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

Dona Chase - Fwd: DA Salary Program

From: Michael Violante
To: Chase, Dona
Date: 10/20/2010 11:35 AM
Subject: Fwd: DA Salary Program

>>> "Taber, Debra (DCJS)" <Debra.Taber@dcjs.state.ny.us> 10/20/2010 11:32 AM >>>

This is to notify you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid program. As you know, the aid we provide through this program is based on the State fiscal year. Funding for the current fiscal year will help offset salary costs that your county has and will incur from April 1, 2010 through March 31, 2011.

Based on the enacted budget appropriation for this program, your county is entitled to receive up to \$39,489 for the 2010/2011 State fiscal year. Please be advised that based on Chapter 313, Laws of 2010, (the federal Medicaid Assistance Program (FMAP) Contingency Allocation Plan) the Governor and the Legislature authorized 1.1% local assistance reductions against all unspent local assistance funds based on projected cash disbursements for the remainder of SFY 2010-11. There will be a reduction against all District Attorney Salary Aid vouchers in order to balance the difference of what the state actually received for the FMAP.

Grantees should continue to submit vouchers at 100% of the value of enacted appropriations. DCJS will make the 1.1% reduction during the payment process. This will allow DCJS to maintain a record of reductions taken so funds can be restored if a surplus results.

If you have not already done so, please submit one voucher for the entire amount due to you for the year.

If you have any questions regarding the DA Salary Aid program, please call Jim Layden at (518) 485-7974.

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MICHAEL J. VIOLANTE
District Attorney

HOLLY E. SLOMA
DOREEN M. HOFFMANN
THEODORE A. BRENNER
Deputy District Attorneys

Assistant District Attorneys

John W. Andrews
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Claudette S. Caldwell
Heather A. DeCastro
Elizabeth R. Donatello
James P. Hewitt III
David A. Hoffmann
Robert F. LaDuca, Jr.
Timothy R. Lundquist
Cheryl L. Nichols
Charles F. Pitarresi
Theresa L. Prezioso
Joseph A. Scalzo
Henry W. Schmidt
Brian D. Seaman
Maria H. Stoelting
Peter M. Wydysh
Robert A. Zucco

October 13, 2010

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
4 Tower Place
Albany, NY 12203-3702

Dear Sir or Madam:

Enclosed please find an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2010 in the amount of \$43,867.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Chase
Administrative Assistant

/dlc
Enc (3)

Federal / State Aid Claim Form Routing Sheet

Date 10/13/10

Department DA

Name Sona Chase

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

Claim form Completed

Amount \$ 43,867⁰⁰
One Claim per Rt Sheet

Valid Revenue Acct in Box 5

Org Set A.02.1165.000 Acct# 43030.01

Signed by Sam Granieri or Kyle Andrews

Date _____

Copy to Treasurers Accounting office

Submitted to State / Fed

Date _____ (circle one: by mail, phone, fax, on-line)

State/Fed Agency name submitted to:

DCJS

Period Expenses incurred (not program period) 10/1/09 - 9/30/10

Below for Accounting Use Only

Sent to Grant Accountant -Ruth Ohol

Date _____

Accrual Posted in Misc Billing

JE # _____ Date # _____

ACH Received

ACH/ck # _____ Date # _____

Any Adjustment posted in Misc Billing Adjmts

JE # _____ Date # _____

Cash Receipt JE Posted

CR # _____ Date # _____

JE # _____ Date # _____

note: scanned copy of deposit will be attached to JE. We will no longer copy to depts.

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 01630397 ***
 *** Effective Date of Deposit is November 3, 2010 ***

Agency Code/Name:	Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01077	A1731100004305.02	10/25/2010	52,396.69	52,396.69	348100	A102564
HOMELAND SECURITY & EMERG SVCS 518-473-4524						
Agency Code/Name:	Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490	A1165.43030 DA	10/14/2010	39,055.00	39,055.00	349680	A102626
CM.02198911443389		10/19/2010	41,924.76	41,924.76	349740	A102632
Total ACH Deposit				133,376.45		
DIV OF CRIMINAL JUSTICE SERV 518-457-6105						

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]

Dona Chase - Fwd: DA Salary Reimbursement Program

From: Michael Violante
To: Chase, Dona
Date: 11/6/2009 11:18 AM
Subject: Fwd: DA Salary Reimbursement Program

>>> "Taber, Debra (DCJS)" <Debra.Taber@dcjs.state.ny.us> 11/6/2009 10:13 AM >>>
District Attorney

This email is to notify you that this year New York State will again provide assistance to your county under the District Attorney Salary Aid program. As you know, the aid we provide through this program is based on the State fiscal year. Funding for the currently fiscal year will help offset salary costs that your county has and will incur from April 1, 2009 through March 31, 2010.

Based on the budget appropriation for this program, your county is entitled to receive a total of \$43,867 for the 2009/2010 State fiscal year. If you have not already done so, please submit one voucher for the entire amount due to you for the year.

If you have any questions regarding the DA Salary Aid program, please contact me at (518) 485-0174.

Sincerely,

James Layden
Senior Budgeting Analyst
NYS Division of Criminal Justice Services

This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

Jim Layden
518-485-0174

*Vouchers processed 14th
of Dec.*

Trace# 01407618 dated 01/11/2010

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
A1165.43030/DAS	10/23/2009	43,867.00	43,867.00	209820	A903959
		Total ACH Deposit	43,867.00		

Trace# 01406935 dated 01/08/2010

Agency Code/Name: 01077	OFFICE OF HOMELAND SECURITY	518-473-4524			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
A3645-44306 FCR 1	11/10/2009	15,750.93	15,750.93	217090	A903150
Agency Code/Name: 01370	OFFICE FOR THE AGING	518-474-2631			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
EISEP	N/A	173,228.23	173,228.23	513480	2918L
Agency Code/Name: 14000	DEPARTMENT OF LABOR	518-457-2709			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
80068	01/06/2010	21,000.00	21,000.00	W24030	W010610
Agency Code/Name: 17000	TRANSPORTATION DEPT	518-457-1050			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
007 D031538	N/A	308,192.00	308,192.00	E15550	QP12471
Agency Code/Name: 25100	OCFS-DETENTION CLAIMS	518-474-3399			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
NSD/SD 9/09	N/A	43,760.97	43,760.97	60610	79150
		Total ACH Deposit	561,932.13		

Trace# 01406189 dated 01/07/2010

Agency Code/Name: 01077	OFFICE OF HOMELAND SECURITY	518-473-4524			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
A3110.44961 FCR 3	11/12/2009	6,827.82	6,827.82	217150	A903156
A3110.44961 FCR 9	11/16/2009	3,154.54	3,154.54	217140	A903155
Agency Code/Name: 12000	HEALTH CENTRAL ADMIN	518-473-1477			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
A4090.43476 7-9/09	10/06/2009	13,982.50	13,982.50	648970	495668
Agency Code/Name: 17000	TRANSPORTATION DEPT	518-457-1050			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
003 D032135	N/A	345,929.00	345,929.00	E14170	QP12299
Agency Code/Name: 27000	DEPT OF TEMPORARY & DISABILITY ASSISTANC	518-473-6541			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
RF2F 909 495	N/A	1,337,158.00	1,337,158.00	L95010	9452495
SYEP 09 522	N/A	15,059.00	15,059.00	L9492B	9452522
		Total ACH Deposit	1,722,110.86		

Trace# 01405599 dated 01/06/2010

Agency Code/Name: 17000	TRANSPORTATION DEPT	518-457-1050			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
MASS TRANS OP ASST	N/A	3,165.85	3,165.85	S1340	S5553
MASS TRANS OP ASST	N/A	1,216.37	1,216.37	S1340	S5554
MASS TRANS OP ASST	N/A	20,224.58	20,224.58	S1340	S5555
MASS TRANS OP ASST	N/A	2,445.36	2,445.36	S1340	S5556
MASS TRANS OP ASST	N/A	6,345.42	6,345.42	S1340	S5557
		Total ACH Deposit	33,397.58		

Trace# 01405274 dated 01/06/2010

Agency Code/Name: 01400	CRIME VICTIMS BOARD	518-457-8727			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
A3116.43371	N/A	53,925.00	53,925.00	72320	7494
Agency Code/Name: 50000	MENTAL HEALTH MAIN OFFICE	518-474-5432			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
1/2010 OMH STATE AID	N/A	1,023,070.00	1,023,070.00	14968	35411

Federal / State Aid Claim Form Routing Sheet

Date 10/19/09

Department District Attorney

Name Dona Chase

Phone 7088

Address on claim box 4: *County of Niagara, 59 Park Ave, Lockport, NY 14094*

- Claim form Completed Amount \$ \$52,304.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Acct# Fed 44__ or State 43030
- Signed by Leslie Stolzenfels or David Broderick Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax, on-line)
- Period Expenses incurred 9/30/2009

Below for Accounting Use Only

- Sent to Grant Accountant -Ruth Ohol Date _____
- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items

Federal / State Aid Claim Form Routing Sheet

Date 10/2/08

Department District Attorney

Name Dona Heschke

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

Claim form Completed Amount \$ \$52,304.00

Valid Revenue Acct in Box 5 Fund/Dept A1165 Acct# Fed 44__ or State 43030

Signed by Leslie Stolzenfels or David Broderick Date _____

Copy to Treasurers Accounting office

Submitted to State / Fed Date _____ (circle one: by mail, phone, fax, on-line)

Period Expenses incurred 7/1/08-9/30/08

Below for Accounting Use Only

Sent to Grant Accountant -Ruth Ohol Date _____

Accrual JE Posted JE # _____ Date # _____

Added to Aged Open Items

ACH Received Ref # _____ Date # _____

Copy of ACH to Originator

Cash Receipt JE Posted CR # _____ Date # _____

Taken Off Aged Open Items

New York State Office of the State Comptroller

Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 01146361 ***
 *** Effective Date of Deposit is October 23, 2008 ***

Agency Code/Name: 01200	DIV OF PROBATION & CORRECT. ALT. 518-485-2393			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
A3140.43310-SORA 1Q	08/13/2008	9,450.00	9,450.00	34010
				<u>Voucher No.</u>
				3401
Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV 518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
A11654 3030	10/07/2008	52,304.00	52,304.00	036420
				<u>Voucher No.</u>
		Total ACH Deposit	61,754.00	A802454

For additional information about your payment, please call the telephone number for the agency listed above.

[\[History of Payments\]](#)

[\[Information On Other Payments\]](#)



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

Assistant District Attorneys

John W. Andrews
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Theodore A. Brenner
Claudette S. Caldwell
Heather A. DeCastro
Elizabeth R. Donatello
Stephen J. Foley
Mark J. Gabriele
James P. Hewitt III
Doreen M. Hoffmann
Robert F. LaDuca, Jr.
Charles F. Pitarresi
Henry W. Schmidt
Brian D. Seaman
Maria H. Stoelting
Caroline A. Wojtaszek
Peter M. Wydysh
Robert A. Zucco

December 31, 2007

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower – Stuyvesant Plaza
Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please find an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending December 31, 2007 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke
Administrative Assistant

/dlh
Enc (3)

Federal / State Aid Claim Form Routing Sheet

Date December 27, 2008

Department District Attorney

Name Dona Heschke

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 2,500.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Acct# Fed 44. or State 43030
- Signed by Leslie Stolzenfels or David Broderick Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Expenses incurred 10/1/07-12/31/07

Below for Accounting Use Only

- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Reciept JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00991850 ***
 *** Effective Date of Deposit is January 2, 2008 ***

Agency Code/Name:	DIV OF PROBATION & CORRECT. ALT.	518-485-2393	Payment Amount	Batch No.	Voucher No.
Reference/Invoice No. A3140.43310 3Q 07	Ref/Inv Date N/A	Invoice Amount 96,284.88	96,284.88	18180	1818
Agency Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105	Payment Amount	Batch No.	Voucher No.
Reference/Invoice No. A1165==43030	Ref/Inv Date 10/30/2007	Invoice Amount 50,872.00	50,872.00	890150	A702964
Agency Code/Name:	DEPT OF TEMPORARY & DISABILITY ASSISTANC	518-474-9697	Payment Amount	Batch No.	Voucher No.
Reference/Invoice No. RF2F 1207ADV 605	Ref/Inv Date N/A	Invoice Amount 285,547.00	285,547.00	L75360	7452605
RF2F 907 568	N/A	621,898.00	621,898.00	L75300	7452568
RF2F1207 ADV 583	N/A	507,152.00	507,152.00	L75070	7452583
	Total ACH Deposit		1,561,753.88		

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]

DA Salary - Mar - Jun '07 \$ 2500 already pd.
 July - Sept '07 2500
 Oct - Dec '07 2500
 Jan - Mar '08 2500
 Supp. Sept 07

Patty Johnston

518-485-7974

\$ 43,372

\$ 53,372 annual

Changing to annual payments.

Federal / State Aid Claim Form Routing Sheet

Date October 23, 2007

Department District Attorney

Name Dona Heschke

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 39,673.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Acct# Fed 44 or State 43030
- Signed by Leslie Stolzenfels or David Broderick Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Expenses incurred 7/01/07 - 9/30/07

Below for Accounting Use Only

- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

Assistant District Attorneys

John W. Andrews
Claudette S. Antholzner
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Theodore A. Brenner
Heather A. DeCastro
Elizabeth R. Donatello
Stephen J. Foley
Mark J. Gabriele
James P. Hewitt III
Doreen M. Hoffmann
Robert F. LaDuca, Jr.
Charles F. Pitarresi
Henry W. Schmidt
Brian D. Seaman
Maria H. Stoelling
Caroline A. Wojtaszek
Peter M. Wydysh
Robert A. Zucco

October 23, 2007

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower – Stuyvesant Plaza
Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2007 in the amount of \$2,500.00 as well as for the stipend in the amount of \$39,673.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke
Administrative Assistant

/dlh
Enc (2)

New York State Office of the State Comptroller
Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00916974 ***
*** Effective Date of Deposit is July 31, 2007 ***

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
A1185=43030	07/12/2007	2,500.00	2,500.00	823420	A701191
		Total ACH Deposit	2,500.00		

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]

Federal / State Aid Claim Form Routing Sheet

Date July 5, 2007

Department District Attorney

Name Dona Heschke

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 2,500.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Acct# Fed 44 or State 43030
- Signed by Leslie Stolzenfels or David Broderick Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Expenses incurred 4/01/07 - 6/30/07

Below for Accounting Use Only

-
- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

Assistant District Attorneys

John W. Andrews
Audette S. Antholzner
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Theodore A. Brenner
Deborah A. DeCastro
Elizabeth R. Donatello
Stephen J. Foley
Mark J. Gabriele
James P. Hewitt III
Green M. Hoffmann
Robert F. LaDuca, Jr.
Charles F. Pitarresi
Henry W. Schmidt
Ryan D. Seaman
Farrah H. Stoelting
Caroline A. Wojtaszek
Peter M. Wydysh
Robert A. Zucco

July 5, 2007

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower – Stuyvesant Plaza
Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending June 30, 2007 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke
Administrative Assistant

/dlh
Enc (1)

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00870254 ***
 *** Effective Date of Deposit is April 23, 2007 ***

1/1-3/31/07

Agency Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105	Payment Amount	Batch No.	Voucher No.
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>			
A1165.43030DAS	04/13/2007	2,500.00	2,500.00	781540	A700155
A1166/43301	04/12/2007	15,516.32	15,516.32	781060	A700137
		Total ACH Deposit	18,016.32		

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]

Federal / State Aid Claim Form Routing Sheet

Date 4/2/07

Department District Attorney

Name Dona Heschke

Phone 439-7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$2500.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165. Fed 44 or State 43030
- Signed by Mike Carney or David Broderick Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Expenses incurred 1/1/07-3/31/07

Below for Accounting Use Only

- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Reciept JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

Assistant District Attorneys

Claudette S. Antholzner
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Theodore A. Brenner
Michelle L. Cianciosa
Heather A. DeCastro
Elizabeth R. Donatello
Mark J. Gabriele
Dale Hall
James P. Hewitt III
Doreen M. Hoffmann
Robert F. LaDuca, Jr.
Charles F. Pitarresi
Henry W. Schmidt
Brian D. Seaman
Caroline A. Wojtaszek
Peter M. Wydysh
Robert A. Zucco

April 2, 2007

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower – Stuyvesant Plaza
Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending March 31, 2007 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke
Administrative Assistant

/dlh
Enc (1)

Office of the New York State Comptroller

***** Remittance Information for ACH Trace# 00829657 *****
***** Effective Date of Deposit is January 30, 2007 *****

Agency Code/Name:	Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01075 STATE EMERGENCY MANAGEMENT OFFICE 518-292-2324						
EMA 01-06		09/30/2006	12,273.25	12,273.25	24910	22316B
EMA 02-06		09/30/2006	12,273.25	12,273.25	24950	22320B
01200 DIV OF PROBATION & CORRECT. ALT. 518-485-2393						
A3150.43362 1-3 Q 06		09/30/2006	37,878.04	37,878.04	18930	1893
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105						
A1165.43030 12/31/06		01/19/2007	2,500.00	2,500.00	741900	A602898
14000 DEPARTMENT OF LABOR 518-457-2709						
L009596		02/01/2007	6,064.58	6,064.58	Z07550	Z075500
			Total ACH Deposit	70,989.12		

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]

Federal / State Aid Claim Form Routing Sheet

Date 1/12/07

Department District Attorney

Name Dona Heschke

Phone 439-7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$2500.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Fed 44 or State 43030
- Signed by Mike Carney or David Broderick Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Expenses incurred 10/1/06-12/31/06

Below for Accounting Use Only

- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID		Additional		3 Zip Code	
4 Payee Name (Limit to 30 spaces) <u>Niagara County</u>		Route		Payee Amount	
Payee Name (Limit to 30 spaces)		MIR Date (MM) (DD) (YY) / /		IRS Code	
Address (Limit to 30 spaces) <u>59 Park Avenue</u>		Stat. Type		Statistic	
Address (Limit to 30 spaces)		Indicator-Dept.		Indicator-Statewide	
City (Limit to 20 spaces) <u>Lockport</u>		State <u>NY</u>		5 Ref/Inv. No. (Limit to 20 spaces) <u>A1165.43030</u>	
(Limit to 2 spaces) → Zip Code <u>14094</u>		Ref/Inv. Date (MM) (DD) (YY) <u>12/31/06</u>			

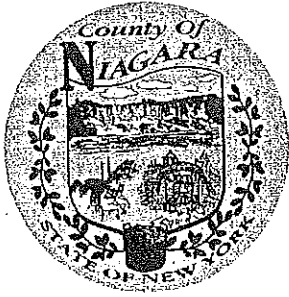
6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending December 31, 2006 under the provisions of Section 700 of the County Law. <u>DISTRICT ATTORNEY CERTIFICATION</u> I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.	2,500	00
7 State Aid Program or Applicable Statute: <u>MS. Murphy</u> <u>Matthew J. Murphy</u>			TOTAL	2,500 00
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.			Less Receipts	
→ Signature in Ink _____ Date _____ Title <u>Deputy Niagara County Treasurer</u> Name of Municipality <u>Niagara County</u>			NET	2,500 00
			100 % State Aid Claimed	2,500 00

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received		I certify that this claim is correct and just, and payment is approved.				State Aid			
Date		By _____				Verified		Certified For Payment of State Aid Amount	
Page No.		Date _____				Audited		By _____	
By									
Expenditure					Liquidation				
Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit		Dept.	Statewide					

Check if Continuation form is attached.



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

Assistant District Attorneys

Claudette S. Antholzner
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Theodore A. Brenner
Michelle L. Cianciosa
Heather A. DeCastro
Elizabeth R. Donatello
Mark J. Gabriele
Dale Hall
James P. Hewitt III
Doreen M. Hoffmann
Robert F. LaDuca, Jr.
Charles F. Pitarresi
Henry W. Schmidt
Brian D. Seaman
Caroline A. Wojtaszek
Peter M. Wydysh
Robert A. Zucco

January 12, 2007

New York State Division of Criminal Justice Services
Office of Funding & Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower – Stuyvesant Plaza
Albany, NY 12203-3764

Dear Sir or Madam:

Enclosed please an original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending December 31, 2006 in the amount of \$2,500.00.

If you have any questions or require additional information, please contact me at (716) 439-7088. Thank you for your assistance in this matter.

Sincerely,

Dona L. Heschke
Administrative Assistant

/dlh
Enc (1)

New York State Office of the State Comptroller

Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00803012 ***
 *** Effective Date of Deposit is December 4, 2006 ***

Agency Code/Name: 01200 Reference/Invoice No. A3140.43310-DNA	DIV OF PROBATION & CORRECT. ALT. <u>Ref/Inv Date</u> 07/23/2006	518-485-2393 <u>Invoice Amount</u> 9,939.00	<u>Payment Amount</u> 9,939.00	<u>Batch No.</u> 33810	<u>Voucher No.</u> 3381
Agency Code/Name: 01490 Reference/Invoice No. A1165.43030 DA SUPP CD2012-43370	DIV OF CRIMINAL JUSTICE SERV <u>Ref/Inv Date</u> 10/16/2006 11/16/2006	518-457-6105 <u>Invoice Amount</u> 43,086.00 28,404.31	<u>Payment Amount</u> 43,086.00 28,404.31	<u>Batch No.</u> 711510 713820	<u>Voucher No.</u> A602250 A602331
Agency Code/Name: 27000 Reference/Invoice No. RF2F 8/06 353	DEPT OF TEMPORARY & DISABILITY ASSISTANC <u>Ref/Inv Date</u> N/A	518-474-9697 <u>Invoice Amount</u> 367,897.00 Total ACH Deposit	<u>Payment Amount</u> 367,897.00 449,326.31	<u>Batch No.</u> L63440	<u>Voucher No.</u> 6452353

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies.
 This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]

New York State Office of the State Comptroller
Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00802521 ***
 *** Effective Date of Deposit is December 1, 2006 ***

Agency Code/Name: Reference/Invoice No.	DIV OF CRIMINAL JUSTICE SERV Ref/Inv Date	518-457-6105 Invoice Amount	Payment Amount	Batch No.	Voucher No.
A1165.43030 DA SLRY	10/16/2006	2,500.00	2,500.00	715660	A602251
Agency Code/Name: Reference/Invoice No.	DEPARTMENT OF LABOR Ref/Inv Date	518-457-2709 Invoice Amount	Payment Amount	Batch No.	Voucher No.
80068	11/29/2006	20,000.00	20,000.00	W16230	W112906
Agency Code/Name: Reference/Invoice No.	TRANSPORTATION DEPT Ref/Inv Date	518-457-1050 Invoice Amount	Payment Amount	Batch No.	Voucher No.
CONTRACT C002466	N/A	4,147.00	4,147.00	503660	1081
Agency Code/Name: Reference/Invoice No.	DEPT OF TEMPORARY & DISABILITY ASSISTANC Ref/Inv Date	518-474-9697 Invoice Amount	Payment Amount	Batch No.	Voucher No.
RF2S 8/06 357	N/A	496,120.00	496,120.00	L63400	6452357
		Total ACH Deposit	522,767.00		

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies.
 This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]

New York State Comptroller's Office Payment Information Inquiry



Trace# 00773524 dated 10/03/2006

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01200 DIV OF PROBATION & CORRECT. ALT. 518-485-2393	08/04/2006	358.00	358.00	32470	3247
A3140.43310 SUP 06					
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	09/21/2006	2,500.00	2,500.00	685700	A601636
A1165 . 43030	09/21/2006	2,500.00	2,500.00	685710	A601637
A1165 . 6/30/06			5,358.00		
Total ACH Deposit					

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[History of Payments]

[Information On Other Payments]



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

October 5, 2006

Assistant District Attorneys

Claudette S. Antholzner
Lisa M. Baehre
Susan B. Bjornholm
Thomas H. Brandt
Theodore A. Brenner
Michelle L. Cianciosa
Heather A. DeCastro
Elizabeth R. Donatello
Mark J. Gabriele
Dale Hall
James P. Hewitt III
Doreen M. Hoffmann
Robert F. LaDuca, Jr.
Charles F. Pitarresi
Henry W. Schmidt
Caroline A. Wojtaszek
Peter M. Wydysh
Robert A. Zucco

Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2006 in the amount of \$2,500.00 as well as for the stipend in the amount of \$39,673.00.

Please contact me at (716) 439-7086 with any information regarding this matter.

Very truly yours,

Debra A. Fotia
Debra A. Fotia
Confidential Secretary

MJM/daf
Enclosures

New York State Office of the State Comptroller
 Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00677014 ***
 *** Effective Date of Deposit is February 27, 2006 ***

Agency Code/Name:	Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	A 1165 .43030	02/13/2006	2,500.00	2,500.00	592920	A502662
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697	RF2F1/06 ADV 598	N/A	254,913.00	254,913.00	L55640	5452598
	RF2F2/06 ADV 632	N/A	254,913.00	254,913.00	L55850	5452632
			Total ACH Deposit	512,326.00		

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. This information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[[History of Payments](#)]

[[Information On Other Payments](#)]